Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]

INITIATION – Children aged 14 years and under
Re-assessment required after 2 doses
Prerequisites (tick box where appropriate)

- ○ Children aged 14 years and under

INITIATION – other conditions
Prerequisites (tick boxes where appropriate)

- ○ Up to 3 doses for people aged 15 to 26 years inclusive

or

- ○ People aged 9 to 26 years inclusive

and

- ○ Up to 3 doses for confirmed HIV infection

or

- ○ Up to 3 doses people with a transplant (including stem cell)

or

- ○ Up to 4 doses for Post chemotherapy

INITIATION – Recurrent Respiratory Papillomatosis
Prerequisites (tick boxes where appropriate)

- ○ Maximum of two doses for children aged 14 years and under

or

- ○ Maximum of three doses for people aged 15 years and over

and

- ○ The person has recurrent respiratory papillomatosis

and

- ○ The person has not previously had an HPV vaccine

I confirm that the above details are correct:

Signed: ..... Date: .....